

Minutes  
Substance Abuse and Child Safety Task Force  
May 12, 2015 – 2:00 P.M.  
Indiana Statehouse – Room 431

**Members Present:**

Sirrilla Blackmon, FSSA - Division of Mental Health and Addiction; Suzanne F. Clifford, Community Health Network; C.J. Davis, Four County Counseling Center; Mindi Goodpaster, Marion County Commission on Youth; Cathleen Graham, Indiana Association of Resources & Child Advocacy (IARCA); Senator Randy Head, Chair; Lt. Kevin Hobson, Indiana State Police; Suzanne O'Malley, Indiana Prosecuting Attorneys Council; Lisa Rich, Indiana Department of Child Services; Jessica Skiba, Indiana State Department of Health; Holly Walpole, Professional Licensing Agency; Carey Haley Wong, Child Advocates; William G. Wooten, MD

**Members Absent:** Cathy J. Boggs, Community Health Network; Marc D. Kniola, Indiana Department of Correction, Division of Youth Services

**Staff Members Present:** Mike Brown, Indiana State Senate

**Call to Order:** 2:06 P.M.

**Presentations:**

**Kristi Dunigan, Drug Prevention Program Director for Healthier Morgan County Initiative – Accomplishments and Barriers of the Morgan County Drug Task Force:**

Morgan County saw a major drug problem and out of this problem came the Morgan County Drug Task Force (MCDTF). MCDTF staff members are paid by a grant from the Division of Mental Health and Addiction (DMHA). Also, there are about 45 active members that sit on the MCDTF board.

Morgan County decided to change the environment in the county. Their grant covers prescription drugs and heroin. Morgan County began to see that there were no services for families, so the MCDTF created programs to help create services. MCDTF is active in the prescription drop box program, and many drop boxes are placed in local police stations. Last year the Morgan County drop box program collected 1,080 pounds of pharmaceuticals.

Martinsville High School will start drug testing 40 students per month beginning next school year. Morgan County is first in the state to have county-wide Narcan available. Since December 2014, nine lives have been saved by Narcan in Morgan County alone. MCDTF has radio and TV ads telling people about the effects of drugs and how to get treatment. MCDTF used a

community survey to determine the effectiveness of their programs and to see how well they are doing.

MCDTF has an outreach component to their overall plan. Education is key to public outreach. Every Morgan County Sheriff has Narcan in his/her cruiser. Narcan has been a life saver. Prevention and education in schools is a huge component.

MCDTF also has a recovery component and Lilly is matching some of their dollars.

In October 2015, there will be a 1,500 square foot building available that will teach K-12 kids about the effects of drugs.

Youth are starting to mix fentanyl and heroin to make a heroin high last longer. Also, there are not enough detox centers in Morgan County, so those needing help are sent out of county. Transportation is another issue. People have a hard time getting from home to treatment centers.

Talking to physicians is important too because some tend to overprescribe. In one instance a person broke their leg and the doctor prescribed 100 Oxycontin all at once.

One fix is to look at the health curriculum in Indiana Code and see if it needs rewritten to try and address the prevention piece.

### **CJ Davis, President and CEO, Four County Counseling Center – Telehealth Services:**

The beauty with telehealth is that if a kid is suicidal he can seek help from someone online and get medicine the next day. Telemedicine is a way to keep wait times down and to provide services quickly. Once we have telemedicine more widely available, the more people that will be receiving services.

Three issues: 1) Indiana Administrative Code still requires a face-to-face physical before telemedicine can start; 2) the Code talks about how in order for a doctor to prescribe medicine there first must be face to face interaction (not online); and 3) there are no real parameters for community based services.

Telemedicine can be a game changer in Indiana. Those with addictions need help immediately and with a lack of a clinical workforce, telehealth becomes an integral component. We need 30,000 providers to service all children in the country, and we are way short of that amount – this is a numbers issue.

Finally, DMHA and other providers will have a problem in fully allowing for telehealth due to monitoring issues. There may be room for people to abuse this type of service.

## **Task Force Discussion**

### **i. HIV Outbreak in Southern Indiana:**

Sirrilla: People in Southern Indiana are not coming out to seek treatment, they are doing the exchange program so they don't get HIV. The problem in Southern Indiana is that we are dealing with three generation drug abusing families.

Mindi Goodpaster: We need to change attitudes because this type of outbreak can and will happen again.

Holly Wapole: Need to talk about safe harbor laws.

### **ii. HB 1269 – defining “telemedicine”**

## **Discussion of April 2015 Commission Report:**

Senator Head went over the most of the report and discussed the possibility of having co-chairman. Those interested should contact Senator Head to discuss further. Senator Head discussed the letter sent to colleges and universities. Mike Brown is to follow up with Mark Kniola to see if any colleges or universities have reached out to him based on this letter.

## **Subcommittee Updates:**

Suzanne Clifford mentioned her work so far, and Mike Brown is to email the other members about this work.

## **Suggestions made by task force members and guest speakers**

- Narcan training for all police, fire, EMS, school nurses.
- Drop boxes in police stations (these get around federal regulations). Consult with Sheriff's Association.
- Study how we can supplement the health curriculum in schools for prevention.
- Study how to create more detox beds.
- 3 issues for telemedicine (see CJ Davis presentation above).
- Address government reimbursement for telemedicine that happens in spoke sites or somehow redefine hub sites so providers can get paid.
- Need mental health centers to use iPads and tablets and get reimbursed ASAP.
- Sirrilla Blackmon: Regarding the HIV problem, look at the culture of the community to figure out what is going on. Create a long term plan to deal with similar outbreaks.
- Sirrilla and Senator Head: budget for the DOC to hire a LCSW to supervise interns so they can get their hours without a college sending a supervisor with them to the DOC.
- Map the cost of treating HIV and addiction for a lifetime.

- Mindi Goodpaster: figure out why people are turning to drugs to begin with.
- We need to provide resources to schools.
- Holly Walpole: we need money for evidence based programs that work.
- Suzanne O'Malley and Holly Walpole want to work together to create a project. Holly wants to look at wraparound house for pregnant drug users.
- Holly Walpole: Look at Safe Harbor laws. Encourage pregnant women to get treatment, and remove the fear that they will lose their children to DCS if they accept treatment.

### **Topic Proposals for Next Meeting:**

- Mike Brown is to email everyone about next meeting date.
- Senator Head wants each subcommittee to look at evidence-based programs and to come up with programs the legislature or executive branch can enact.
- The START Program was mentioned by Lisa Rich. In Kentucky they are seeing a 70 percent sobriety rate. Indiana is in the beginning stages of START.
- Dr. Beth Morrison talked about the HIV outbreak and may be a good guest speaker.
- Dr. Tim Kelly (Suzanne Clifford) is a resource.
- Create a blueprint from Youth First and Healthier Morgan County for others in the state to use.
- Gather data for entire State like Healthier Morgan County does for its community.
- List grants that local organizations could apply for.
- Formulate a blueprint for how to fight the problem before it starts: prevention, education, map the stressors that cause substance abuse.
- Use the study Cathy Graham suggested, the Adverse Childhood Experience Study.
- Long and short term plans to deal with substance abuse issues.
- Have the DOE at a meeting to tell us what they can and cannot do.
- Prove that outreach and prevention are cheaper than treatment.
- Indiana needs prevention programs that work and use metrics to determine effectiveness.
- Get Doug Elwell, who Holly knows, to present.
- Get Dr. Beth Myerson, IU School of Public Health, to talk about the HIV outbreak –
- Get Dr. Tim Kelly, addiction specialist, to talk to the task force
- Schedule a presentation on Scott County after the action report. What went well? What didn't?

### **Approval of November Minutes:**

- Approved by consent.

### **Adjourn:**

- 3:35 P.M.